“Assessing Youth Secondhand Smoke Exposure and Tobacco Use and Assisting Families to Quit”

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Learning Objectives

To understand:

- The harms of secondhand smoke (SHS) exposure
- The influential role *YOU* have when delivering the "You should quit" message
- The importance of a smoke free home
- How to refer clients and their families to 1-800-QUIT-NOW

Background

- 18% of children ages 3-11 are regularly exposed to secondhand tobacco smoke (SHS) in the home
- 54% of children ages 3-11 had detectable cotinine levels in the 2007-2008 NHANES
  - 19 million children ages 3-11
- Increased conduct disorder and decreased antioxidant levels even at low levels of exposure

Smoking as a health disparity

- Who smokes?
  - About 20% of US population, slightly lower rates among women
  - In Michigan in 2010:
    - 19.6% current daily smokers
    - 13.4% of pregnant women
    - 18.8% of teenagers
  - Smoking rates inversely related to education & income
  - People who can least afford cigarettes & tobacco-related disease

Secondhand smoke (SHS) exposure as a health disparity

- Who is exposed to SHS?
  - Overall, about 25% of US children
  - Children in low-income homes – as high as 79%
  - 12.3% in lowest income families ADMIT to in-home SHS exposure/ compared to 2.3% in highest income
  - At least 50% of African American children
  - More than 1/3 of children in low SES homes
  - Medicaid status independently associated with hair nicotine level in children (exposure measure)

Many Sources of Exposure

- Home
- Car
- Daycare
- Grandparents
- Non-custodial parents
- Friends
- Multiunit housing

Immediate Effects of SHS Exposure

- Decreased lung function
- Respiratory infections
- Asthma
- Ear infections
- Meningitis, pneumonia
- Household fires

Population Attributable Risks

- Annually:
  - 200,000 cases of childhood asthma
  - 150,000-300,000 cases of lower respiratory illness
  - 800,000 middle ear infections
  - 25,000-72,000 low birth weight or preterm infants
  - 430 cases of SIDS

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Each year over 5,000 children die from second hand smoke exposure

3 times more than all childhood cancers combined!

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1 - Aligne et al, Arch Pediatr Adolesc Med, Vol 9, 1997
2 -Amer Cancer Soc, 2004

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Secondhand smoke affects families

- Children whose parents smoke are more likely to smoke themselves
- A pack-a-day habit costs $1000 to $1500 a year – a considerable expense!

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Tobacco-Free Homes are Protective

- Children and adolescents who live in tobacco-free homes are less likely to use tobacco
- Strict smoke free home rules encourage cessation among smoking members of household
- Home smoking bans reduce smoking rates and cigarette consumption among youth

Why Pediatric Intervention Is So Important

- > 80% child exposure due to parents
- Pediatricians see 25% of the population of smokers everyday
- Many parents see their child's health care provider more often than their own
- Counseling interventions in the pediatric office setting have been successful:
  - Decreased number of cigarettes smoked and home cotinine levels
  - Increases in parent-reported smoke-free homes and parent-reported quit rates

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Why Don’t Pediatric Providers Intervene More?

- Inadequate training
- Inadequate reimbursement
- Not enough time
- Not cost effective
- Don’t know how
- Not a priority for practice
- For the parents physician to do
- Could alienate the parent

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What *Should* We Do?

Follow recommendations by AAP, NCI, Bright Futures, AMA, GAPS, etc…

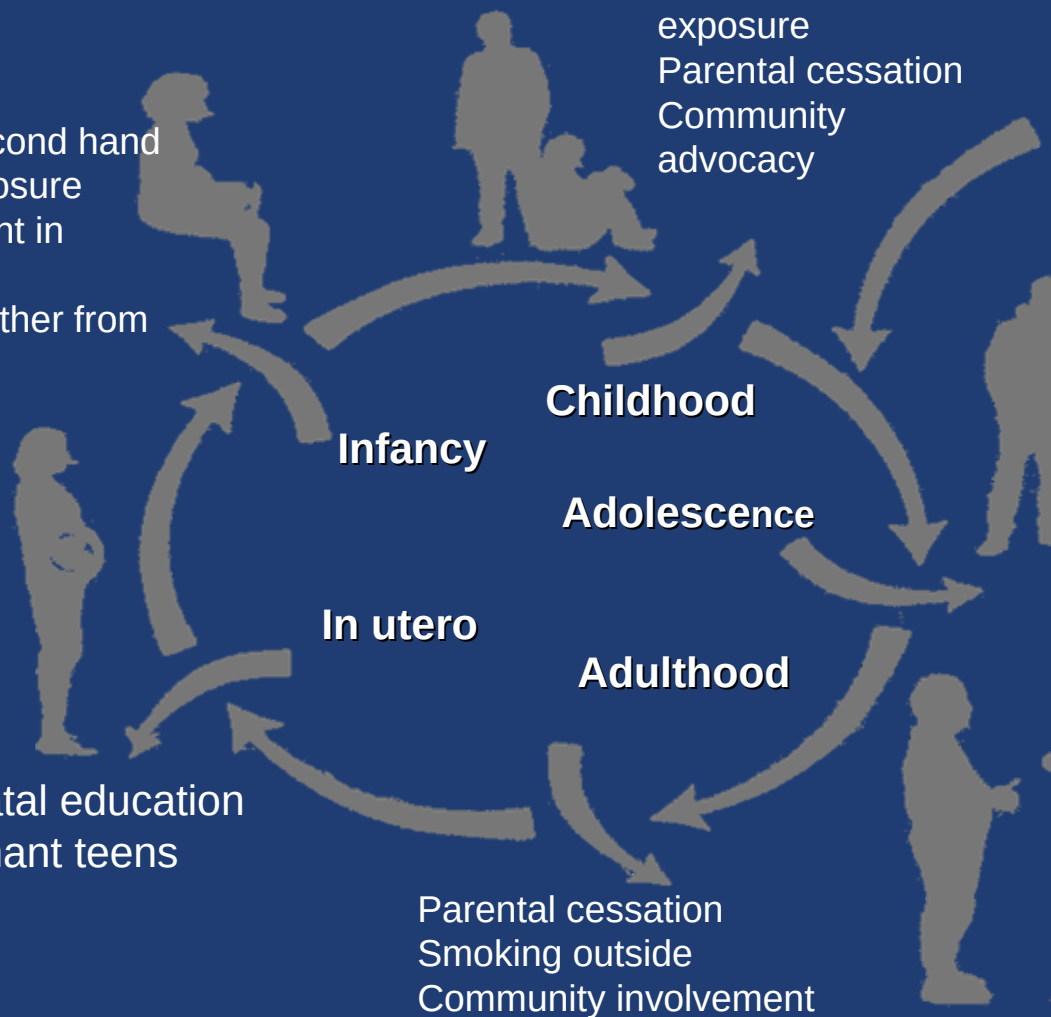
- Recognize that smoking begins in youth
- Recognize *parental* smoking as a problem
  - For all children
  - For teenage smoking
- Recognize and act on all inpatient and outpatient opportunities with adults

Identify (Ask), Counsel (Advise) and Treat (Refer) all smokers!

Asking is the first step…….

Similar to obesity, we are dealing with a process, not a cure. Assessing patients readiness to change and sustainability are the keys!

Life Cycle of Opportunities



Arch Pediatr Adolesc Med. 1997

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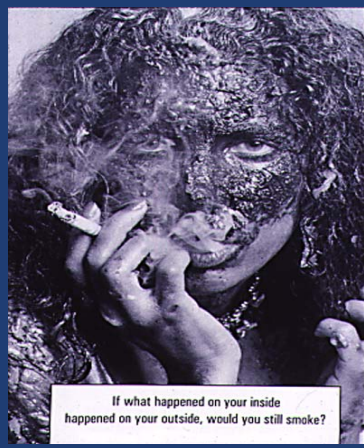
A Smoke-Free Office

- Extensive information in waiting room - brochures, cessation classes, handouts, signs, etc.
- Quitline numbers posted
- Non-smoking (or smelling) employees
- Educated front desk
- Information in examining rooms (teens)



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Establishing an Office System

- Develop routines or processes to identify users.
- Identify an office “tobacco expert”
- Offer treatment to all tobacco users
- Make educational materials available
- Create a follow-up system

Address Parental Smoking in Pediatric Practice

N=877 pediatricians in the AAP

Asked if anyone in the household smokes	82.0%	52.1%
Asked if smoking is allowed in the house	56.4%	38.2%
Asked if smoking is allowed in the car	37.4%	25.5%
Counseled smokers on risks of ETS exposure	69.3%	41.2%
Advised to quit smoking	82.4%	36.3%

Winickoff, Pediatrics, 2003

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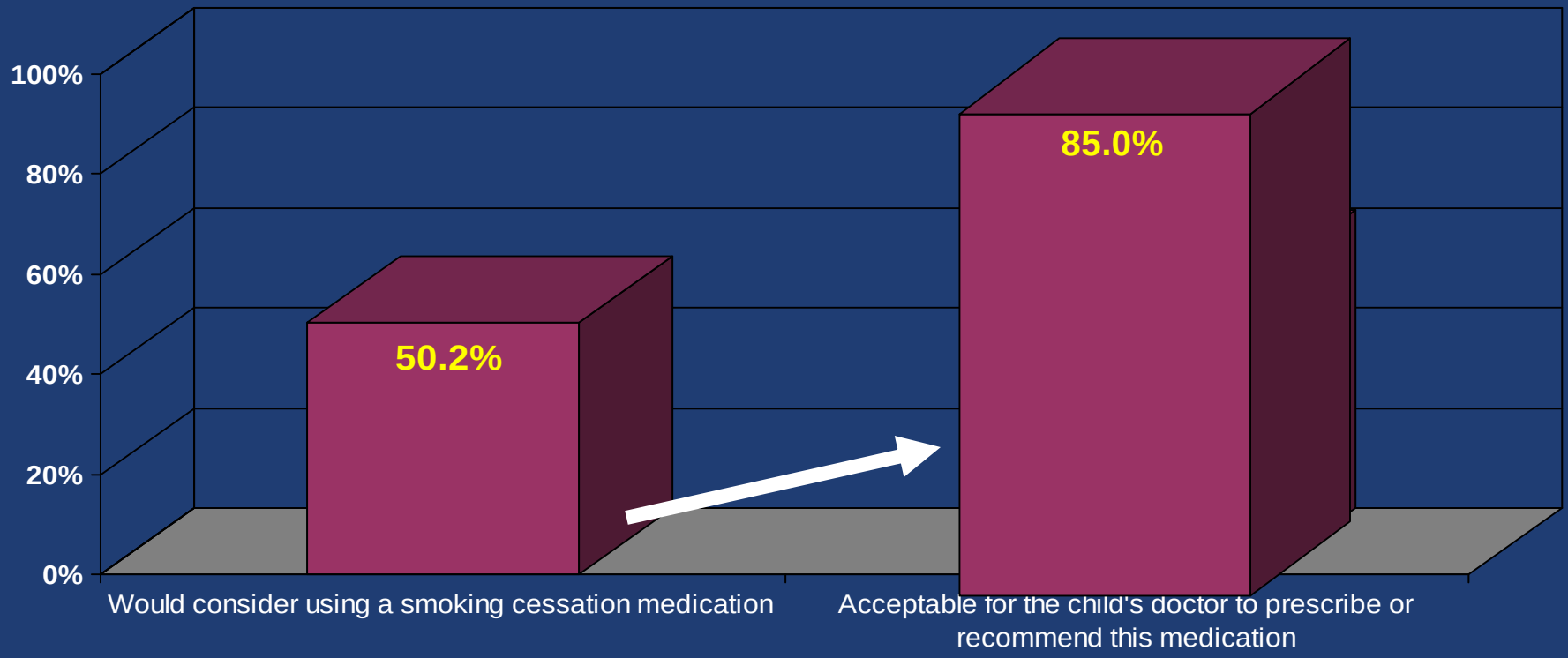
Helping Parents Quit Smoking with Effective Medications

N=218 smoking parents



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Negotiation over time

- Even small doses of counseling can add up over time.
- A complete ban may not be a reasonable first step for some smoking parents:
  - Negotiate small, acceptable steps with the parent
  - Reinforce health benefits to the child of reducing smoke exposure

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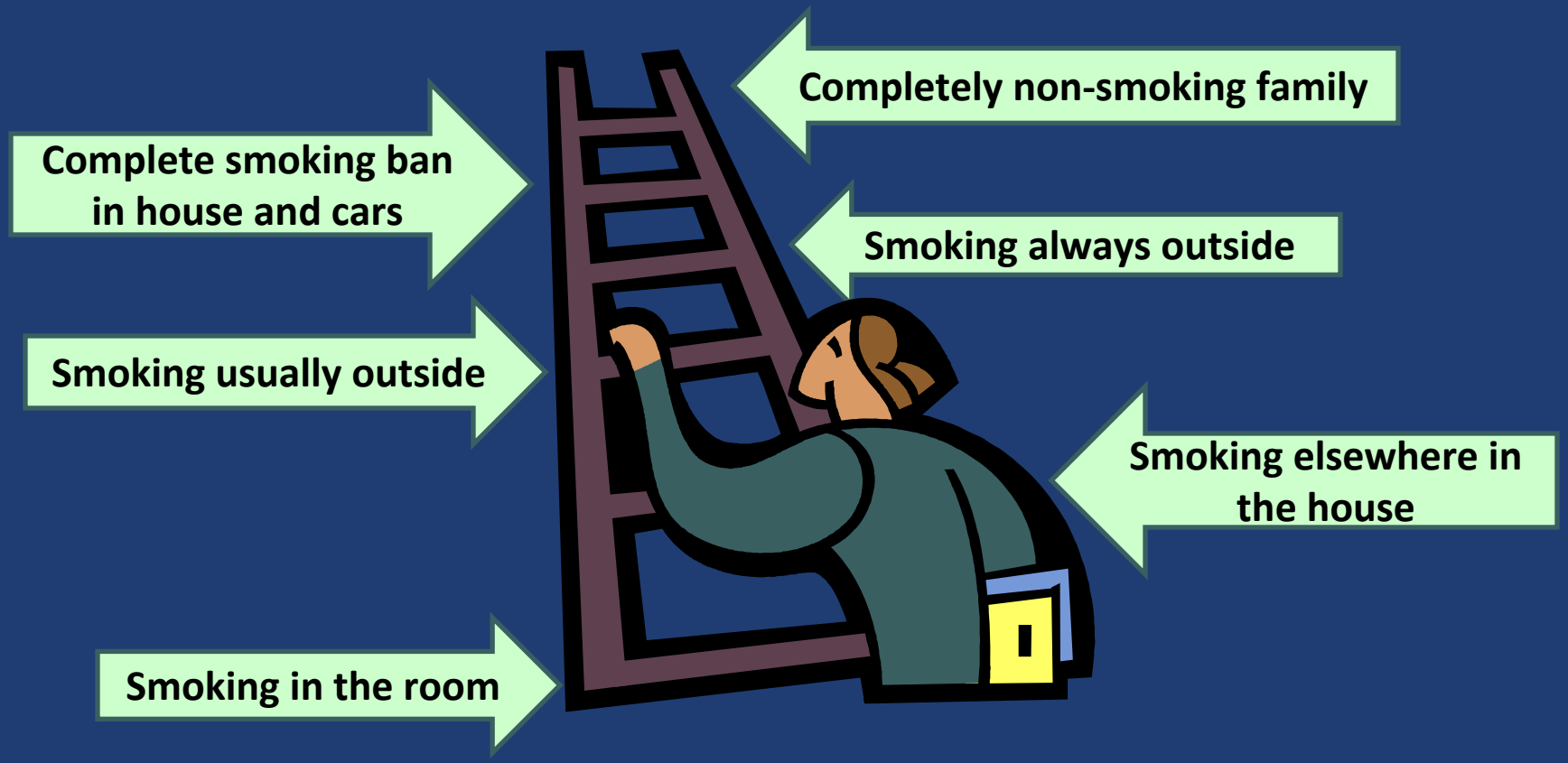
The Exposure Ladder



Ask…

- Parents, even those who smoke, want and expect providers to bring up second-hand smoke exposure.
- It's important to address smoking in a non-judgmental manner.

Ask… the right question!

- You don’t smoke in front of her, do you?

Ask… the right question!

- You don’t smoke in front of her, do you?
- No one smokes in the home, right?

Ask… the right question!

- You don’t smoke in front of her, do you?
- No one smokes in the home, right?
- Does anyone smoke in the home?

Ask… the right question!

- You don’t smoke in front of her, do you?
- No one smokes in the home, right?
- Does anyone smoke in the home?
- Is your child ever exposed to cigarette smoke?

Ask… the right question!

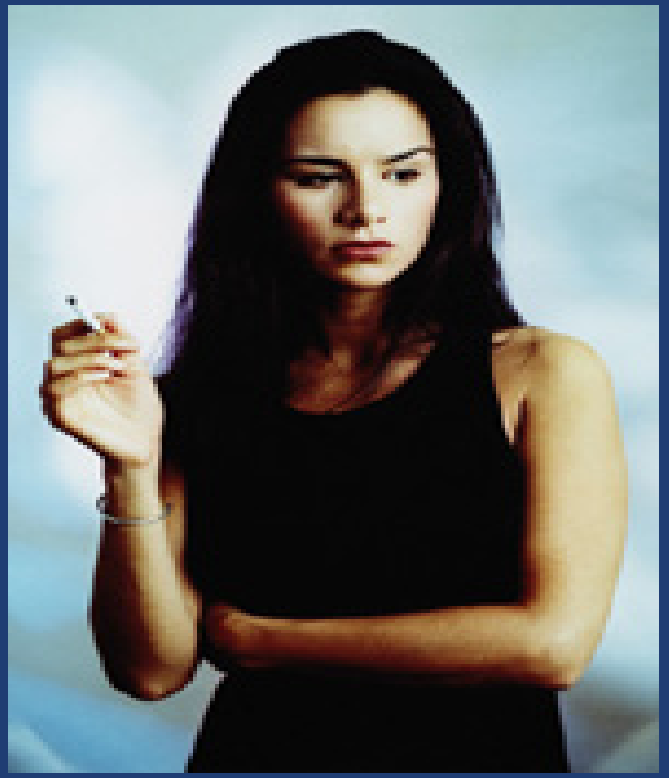
- You don’t smoke in front of her, do you?
- No one smokes in the home, right?
- Does anyone smoke in the home?
- Is your child ever exposed to cigarette smoke?
- Is there anyone in your household that uses tobacco? Who is that? Where do they smoke? Is that inside the house?

Advise… Exposure reduction

- Having a smoke free home means no smoking *ANYWHERE* - home or car.
- It does NOT mean smoking:
  - Near a window or exhaust fan
  - In a basement, garage, or screen porch
  - In the car with the windows open
  - Inside only when the weather is bad
  - Cigars, pipes, or hookahs
  - On the other side of the room

Assisting The Parent

- Between 8-9 quit attempts are needed for success
- Tailor approach of advise and assistance to stage of readiness and level of interest
- 80+% want to quit
- A parent is never alienated if appropriate approach is taken



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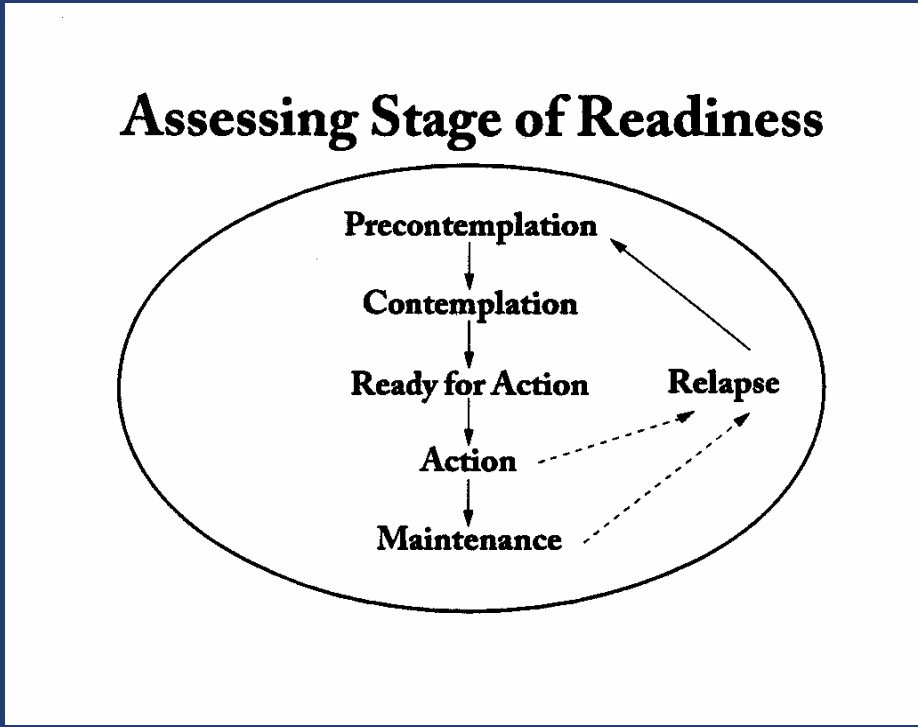
Counseling 101

- Patients and families *expect* you to discuss tobacco use
- If counseling is delivered in a non-judgmental manner, it is usually well-received
- Even small “doses” are effective - and cumulative!

Readiness To Change is Key - *Who is Ready?*



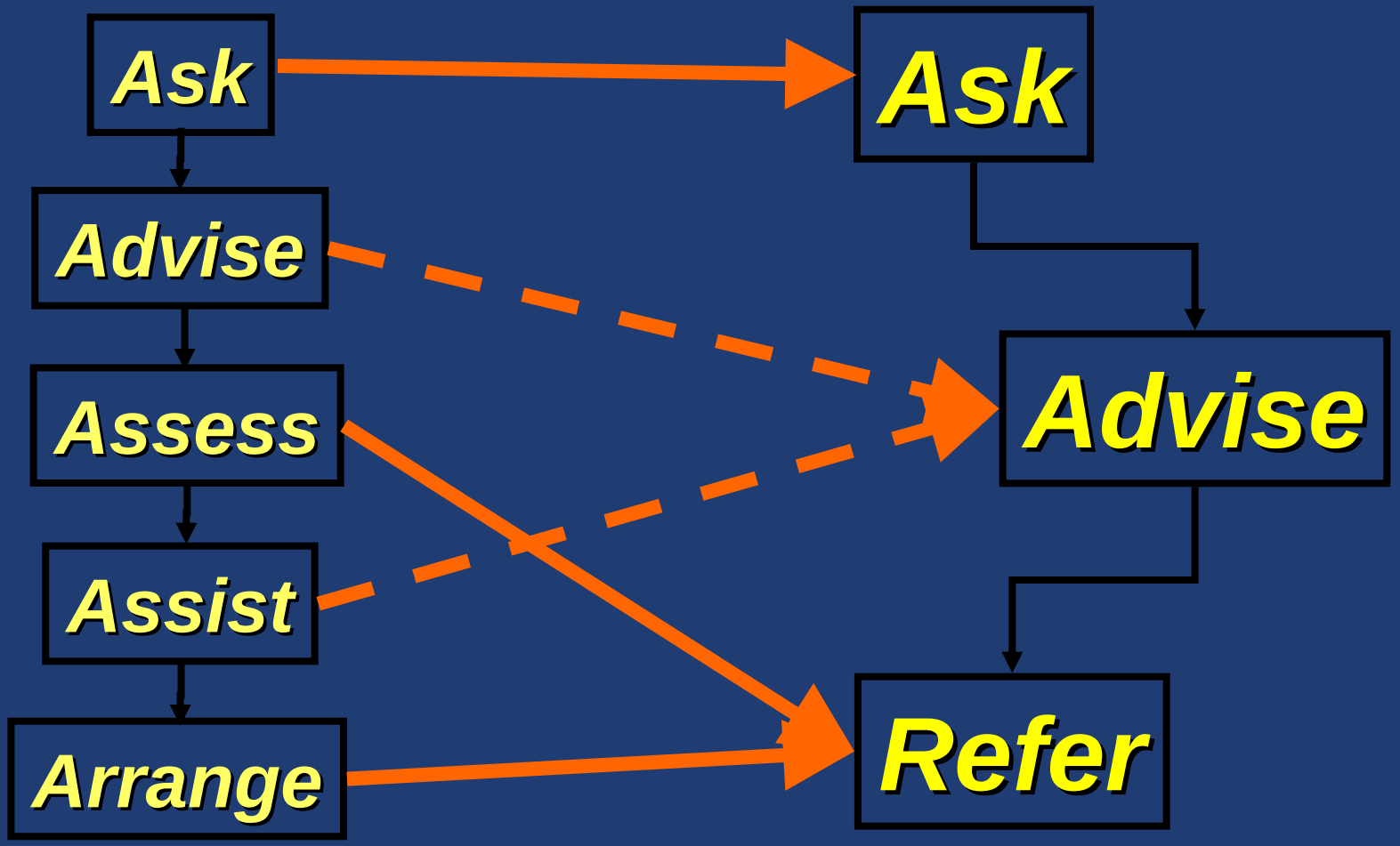
- Pre-contemplation – 40%
- Contemplation – 40%
- ***Action/Preparation – 20%***

Your Tools

- The 5 A’s (or 2 A’s & R)
- Motivational interviewing techniques
- Pharmacotherapy
- Community and public health resources

The 5 As

"2As and an R"



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2 As and an R: ADVISE

- Strongly advise every tobacco user to quit
- Provide information about cessation to *all tobacco users*
- Strongly urge smoke free homes and cars
- Look for “teachable moments”
- Personalize health risks
- Document your advice

Motivational interviewing

- Patient-centered, directive method for enhancing motivation to change
  - By exploring and resolving AMBIVALENCE
  - “I want to quit smoking, but I like to smoke”
  - Can be used in brief doses!

Treating the Parent –Example

- **MA/nurse *Asks* prior to entering the room:**
  "Does anyone living in the house smoke or use tobacco?"
  If Yes, document:
  - **Who, how many?**
  - **Location of smoking, inside or outside**
  - **Put quitnote or flowsheet on chart, or use EMR**
- **After examining child, provider asks "Are you ready to quit?", (*Assess*) or "Is your husband/wife ready to quit?"**
- **Respond with *Advice* appropriate for stage of readiness**
- ***Assist* with medication advice, *referral* or prescription if ready to quit**
- ***Arrange* follow up, *refer*, etc as indicated**

The Pregnant Smoker Opportunity:
Soon Becomes a Pediatric Issue

- 13-16% smoking prevalence, up to 35% in medicaid population
- Highest quit rate of all populations, most spontaneous quitters
- 40-65% of moms quit on their own before even receiving prenatal care
- Increasing relapse peaks by 6 months post partum, almost 80% by 1 year
- Many moms quit to minimize risk to baby, develop no coping mechanisms for preventing relapse after birth "6 month honeymoon"

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Ershoff,D Nic Tobacco Res, vol 6; April,2004

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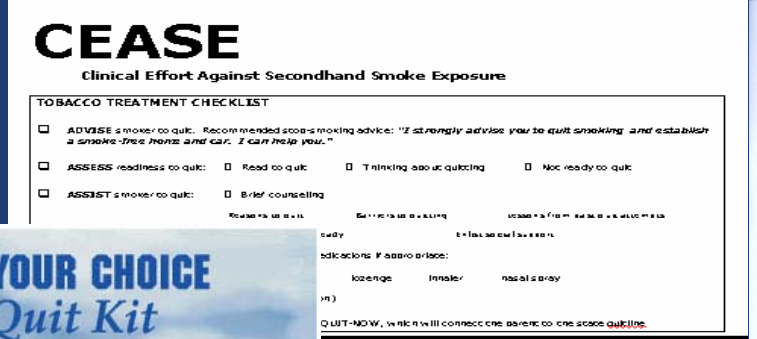
Tools


CEASE

Clinical Effort Against Secondhand Smoke Exposure

TOBACCO TREATMENT CHECKLIST

ADVISE smoker to quit. Recommended stop-smoking advice: *"I strongly advise you to quit smoking and establish a smoke-free home and car. I can help you."*

ASSESS readiness to quit: Ready to quit | Thinking about quitting | Not ready to quit

ASSIST smoker to quit: Brief counseling

QUIT-NOW, which will connect the parent to the state quitline

0-QUIT-NOW


Michigan Department of Community Health

MDCH

MAKE HEALTH YOUR CHOICE

Smoker's Quit Kit

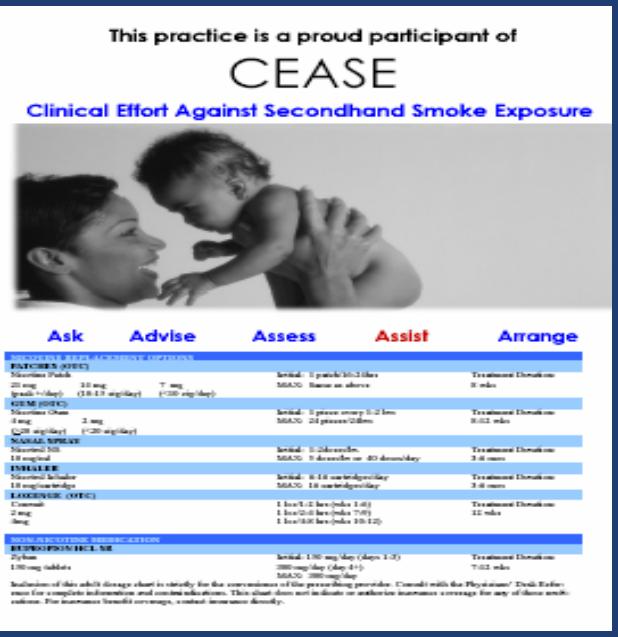
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

ORDER FORM


MICHIGAN

SMOKER'S QUIT KIT

tools included.


This practice is a proud participant of

CEASE

Clinical Effort Against Secondhand Smoke Exposure

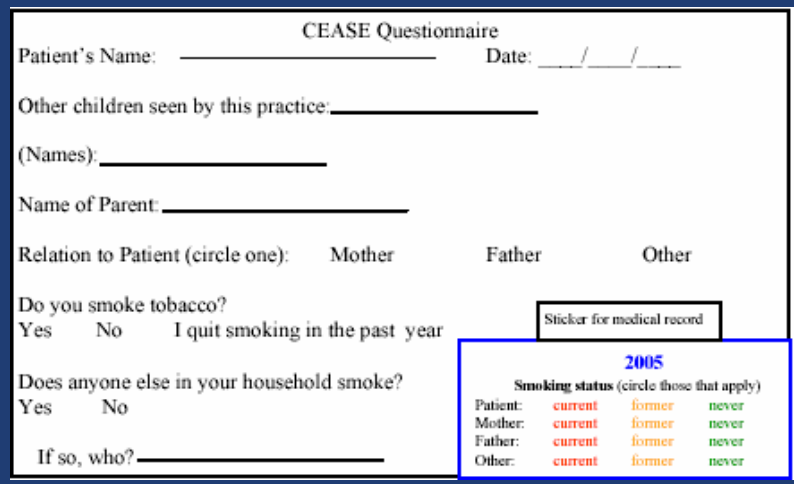
Ask Advise Assess Assist Arrange


CEASE

Think About It

Quitting smoking is one of the best things that you can do.

Your child's doctor and CEASE can help you quit.


CEASE Questionnaire

Patient's Name: _____ Date: ___/___/____

Other children seen by this practice: _____

(Names): _____

Name of Parent: _____

Relation to Patient (circle one): Mother Father Other

Do you smoke tobacco?
Yes No I quit smoking in the past year

Does anyone else in your household smoke?
Yes No

If so, who? _____

Sticker for medical record

2005

Smoking status (circle those that apply)

Patient:	current	former	never
Mother:	current	former	never
Father:	current	former	never
Other:	current	former	never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Michigan Tobacco Quitline

1-800-QUIT-NOW (784-8669)

All Michigan callers receive:

- Information & referral to local programs

Medicaid & Medicare callers also receive:

- Counseling: 5 sessions for general enrollees, 10 sessions for prenatal

Uninsured & County Health Plan callers:

- Counseling (same as above)
- Up to 8 weeks of nicotine patch, gum or lozenge

www.michigan.gov/tobacco

2008 Guideline Best Practice Evidence

- Counseling has best outcomes of abstinence – almost twice the rate of no intervention
- Counseling should involve:
  - Efforts to a motivation
  - Establish rapport, trust
  - Set goals
  - Promote problem solving and skill training
  - Prevent relapse

Pharmacotherapy Options

- Nicotine replacement therapy (NRT) (many brands, some generics)
  - Many OTC
  - Some states reimburse, even for OTC (prescription may be required)
  - Usually *UNDERDOSED* by patient
  - Can use combination (gum and patch)
- Bupropion SR (Zyban, Wellbutrin)
  - Can use with NRT, 1 week prep dosing
- Varenicline (Chantix)
  - Not used with NRT
  - 1 week prep dosing

Yes, you can!

- You can be effective in 3 minutes or less!
- Parents EXPECT you to discuss tobacco use.
- If you respect the parent during your discussion, you won't alienate them.
- Minimal Advise/Refer strategy doesn't cost anything….

The 3 Points to Make Every Time:

Best chances of successful quitting in 12 months:

- *Use a medication*
- *Social support*
- *Skills training (I.e. cessation class, quitline, counseling)*

Community Advocacy

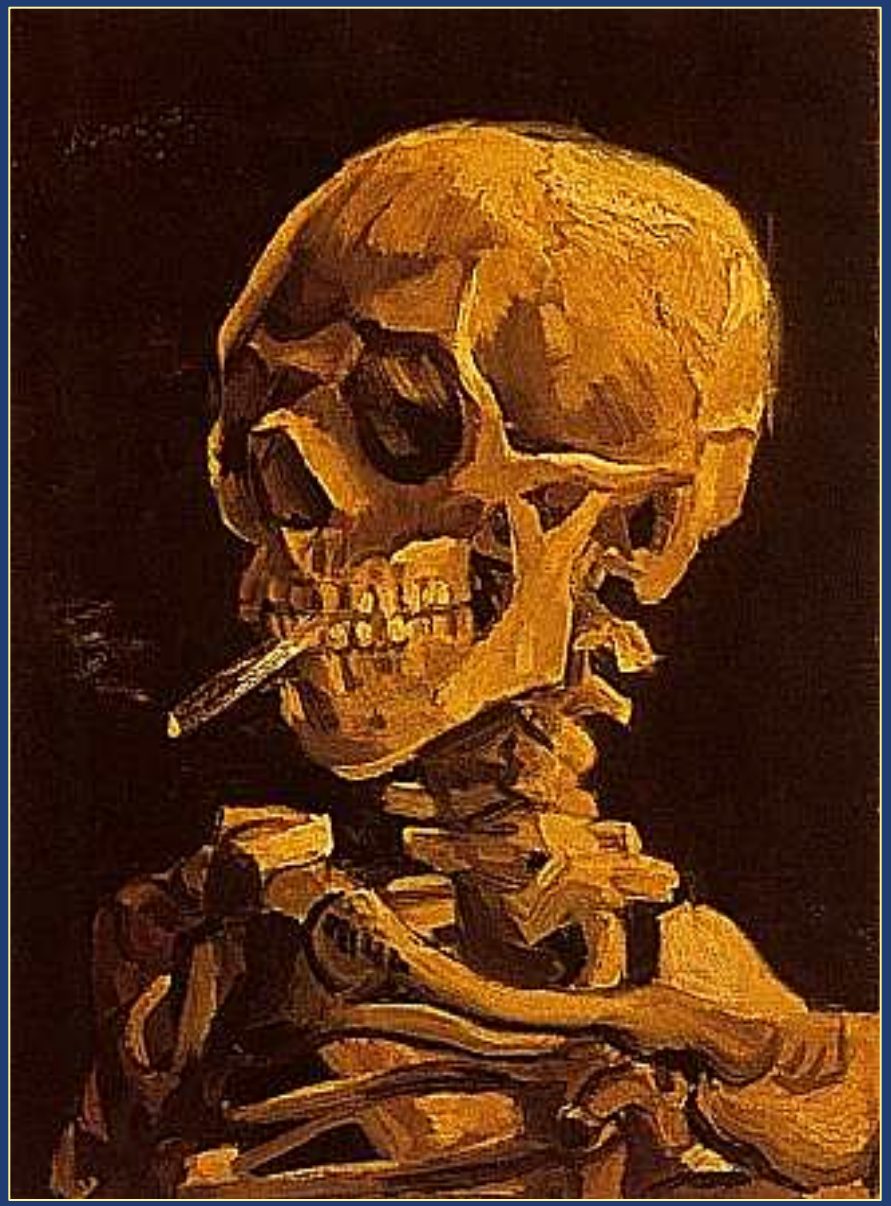
- Community and school education programs
- Be politically active
- Advocate for (and support!) smoke free environments
- Participate in media presentations
- Make your office a smoke-free model

Concluding Recommendations

- Consistent identification, documentation and treatment of all tobacco users in all health care and related settings (A, A, R and medications)
- Advocate for no SHS at every visit
- View tobacco treatment as both clinically and cost-effective

Concluding Recommendations

- Treatment should be offered to all parents/patients
  - Even brief treatment has proven effective
  - Dose-response relationship: intensity-effectiveness
- Enlist help of parents to motivate other smokers in the family, including teenagers, or children to motivate their parents
- Pediatric providers can be very effective in helping smokers of all ages quit



Questions?

Skull of a Skeleton with Burning Cigarette
Antwerp 1885-1886
Van Gogh Museum
Amsterdam

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